

Student ID \_\_\_\_\_  
 (for office use only)

For Fall Enrollment in Grade: \_\_\_\_\_

**WILDWOOD CHRISTIAN ACADEMY  
 STUDENT INFORMATION**

Student Name \_\_\_\_\_ Name Used \_\_\_\_\_  
 Last First Middle Suffix

Student Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Sept.30 \_\_\_\_\_  
 \_\_\_\_\_ Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 (city, state, zip) Ethnic Origin: \_\_\_ African-American \_\_\_ Asian-American  
 \_\_\_ Bi-Racial \_\_\_ Hispanic-American  
 \_\_\_ Middle-Eastern \_\_\_ White

Home Phone Number \_\_\_\_\_ County \_\_\_\_\_  
 (to be printed in directory)

Address is in What City or County Public School System? \_\_\_\_\_  
 Church/Religious Membership \_\_\_\_\_  
 Name of Parent / Guardian with Whom Student Resides \_\_\_\_\_  
 (to be printed in directory)

Siblings currently attending Wildwood: \_\_\_\_\_  
 \_\_\_\_\_

**PARENT INFORMATION**

| Mother                |  | Father                |  |
|-----------------------|--|-----------------------|--|
| Full Name             |  | Full Name             |  |
| Name Used             |  | Name Used             |  |
| Home Address          |  | Home Address          |  |
| City                  |  | City                  |  |
| State, Zip            |  | State, Zip            |  |
| Home Phone            |  | Home Phone            |  |
| Employer              |  | Employer              |  |
| Work Address          |  | Work Address          |  |
| Email Address:        |  | Email Address:        |  |
| Occupation /Job Title |  | Occupation /Job Title |  |
| Work Phone            |  | Work Phone            |  |
| Cellular Phone        |  | Cellular Phone        |  |
| Pager Number          |  | Pager Number          |  |

*Note: If parents are divorced and/or remarried, please complete the sections below:*

|                  |             |                 |             |
|------------------|-------------|-----------------|-------------|
| Spouse           |             | Spouse          |             |
| Employer         |             | Employer        |             |
| Work Address     |             | Work Address    |             |
| City             |             | City            |             |
| State, Zip       |             | State, Zip      |             |
| Phone            |             | Phone           |             |
| * Correspondence | Yes      No | *Correspondence | Yes      No |

*\*Please circle yes/no if you would like other school correspondence, including report card, to be sent to this address.*

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing Information**

Send billing statement to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (city, state, zip)

Please send additional copies of billing statement to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (city, state, zip)